

10/501704

DT04 Rec'd PCT/PTO 16 JUL 2004

**APPLICATION DATA SHEET****I. Application Information**

(a) Application type : Regular

(b) Subject Matter (check one):

1. ☒ Utility2. ☐ Design3. ☐ Plant(c) Title of Invention : **MAGNESIUM-ZIRCONIUM  
ALLOYING**(d) Attorney Docket Number : **RR-565 PCT/US**(e) Total Drawing Sheets : **7**

(f) Small entity (check one) :

1. ☐ Yes2. ☒ No**II. Applicant Information****INVENTOR ONE**

|                                    |             |
|------------------------------------|-------------|
| First Name:                        | <b>Ma</b>   |
| Middle Name:                       |             |
| Last Name:                         | <b>QIAN</b> |
| Name Suffix (Jr., Sr., III, etc.): |             |

**RESIDENCE**

|                 |                            |
|-----------------|----------------------------|
| City:           | <b>Westlake</b> <i>AUX</i> |
| State/Province: | <b>Queensland</b>          |
| Country:        | <b>AUSTRALIA</b>           |

**MAILING ADDRESS**

|                     |                           |
|---------------------|---------------------------|
| Street:             | <b>17 Hindmarsh Place</b> |
| City:               | <b>Westlake</b>           |
| State/Province:     | <b>Queensland</b>         |
| Country:            | <b>AUSTRALIA</b>          |
| Postal or Zip Code: | <b>4074</b>               |

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**APPLICATION DATA SHEET (con't)****II. Applicant Information (con't)****INVENTOR TWO**

2-W

|                                    |                 |
|------------------------------------|-----------------|
| First Name:                        | <u>David</u>    |
| Middle Name:                       |                 |
| Last Name:                         | <u>ST. JOHN</u> |
| Name Suffix (Jr., Sr., III, etc.): |                 |

**RESIDENCE**

|                 |                                 |
|-----------------|---------------------------------|
| City:           | <u>Indooroopilly</u> <i>AUX</i> |
| State/Province: | <u>Queensland</u>               |
| Country:        | <u>AUSTRALIA</u>                |

**MAILING ADDRESS**

|                     |                            |
|---------------------|----------------------------|
| Street:             | <u>26 Gladstone Street</u> |
| City:               | <u>Indooroopilly</u>       |
| State/Province:     |                            |
| Country:            | <u>AUSTRALIA</u>           |
| Postal or Zip Code: | <u>4068</u>                |

**INVENTOR THREE**

3-W

|                                    |                |
|------------------------------------|----------------|
| First Name:                        | <u>Malcolm</u> |
| Middle Name:                       | <u>Timothy</u> |
| Last Name:                         | <u>FROST</u>   |
| Name Suffix (Jr., Sr., III, etc.): |                |

**RESIDENCE**

|                 |                           |
|-----------------|---------------------------|
| City:           | <u>Kenmore</u> <i>AUX</i> |
| State/Province: | <u>Queensland</u>         |
| Country:        | <u>AUSTRALIA</u>          |

**MAILING ADDRESS**

|                     |                             |
|---------------------|-----------------------------|
| Street:             | <u>104 Creekside Street</u> |
| City:               | <u>Kenmore</u>              |
| State/Province:     | <u>Queensland</u>           |
| Country:            | <u>AUSTRALIA</u>            |
| Postal or Zip Code: | <u>4069</u>                 |

**APPLICATION DATA SHEET (con't)****III. Correspondence Information**

Correspondence Customer Number : 020427  
 Name : Rodman & Rodman  
 Street of Mailing Address : 7 South Broadway  
 City of Mailing Address : White Plains  
 State or Province of Mailing Address : New York  
 Postal or Zip Code : 10601  
 Phone Number : (914) 949-7210  
 Fax Number : (914) 993-0668

**IV. Representative Information**

Representative Customer Number : 020427

**V. International Priority Information**

| International Application | Type              | Application Number    | File Date MM/DD/YY |
|---------------------------|-------------------|-----------------------|--------------------|
| This application is       | National Stage of | <b>PCT/AU03/00053</b> | <b>01/20/03</b>    |

**VI. Foreign Priority Information**

| Country          | Application Number | Filing Date MM/DD/YY | Priority Claimed (Yes or No) |
|------------------|--------------------|----------------------|------------------------------|
| <b>Australia</b> | <b>PS0042</b>      | <b>01/18/02</b>      | <b>YES</b>                   |
| <b>Australia</b> | <b>PS0043</b>      | <b>01/18/02</b>      | <b>YES</b>                   |

**VII. Assignee Information**

ASSIGNEE NAME: **Cast Centre Pty Ltd**

ADDRESS

|                     |                    |
|---------------------|--------------------|
| Street:             | <b>Cooper Road</b> |
| City:               | <b>St. Lucia</b>   |
| State/Province:     | <b>Queensland</b>  |
| Country:            | <b>Australia</b>   |
| Postal or Zip Code: | <b>4067</b>        |